FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED

'2012 MAR 23 PM 2: 04

FEC MANL GEONTER

NAME OF     COMMITTEE (in full)	Secretary Secretary	(Check if name is changed)		mple:If typing, type the lines.	12FE4N	45 	
C h r i s E d w a r d s f o r C o n g r e s s							
ADDRESS (number and street)	PO	B   O   X     1   3	1 0	5 1 1 1 1 1 1 1			
(Check if address	سا	<u> </u>	<u> </u>				
कर्णे is changed)	$L_{\parallel}a_{\parallel}$	s <sub>i   V e g a s</sub>			NV	8 9 1 1 2 -	
			CITY		STATE	ZIP CODE	
COMMITTEE'S E-MAIL ADDRES	S (Plea	se provide only one e	-mail ad	dress)			
(Check if address	t w	a d d e l l l 6	cla	p <sub> </sub> i   t   a   l   e   f   f	e c t s	. c o m	
is changed)	L		1 1 1		<u> </u>		
COMMITTEE'S WEB PAGE ADD	RESS	URL)					
	w w	_	d s	4 <sub>i</sub> cloingiries	s . c o	ımı , , , , , , , , , , , , , , , , , ,	
(Check if address is changed)	L		<u> </u>	<u> </u>	<u> </u>		
2. DATE 0 3 1 4 2 0 1 2							
3. FEC IDENTIFICATION NUMBER  C 0 0 5 1 1 6 6 7							
4. IS THIS STATEMENT	NE	W (N) OR	<b>√</b>	AMENDED (A)		<u>.</u>	
I certify that I have examined th	is State	ment and to the bes	t of my	knowledge and belief it	is true, corr	rect and complete.	
Type or Print Name of Treasurer Tiffany Waddell							
Signature of Treasurer	My	Lany 1	Vac	ldell	Date	3 16 2012	
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.							
Office Use Only				For further Information of Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)	

	FEC Fo	rm 1 (Revised 02/2009)	Page 2						
		OMMITTEE							
	aldate	e Committae:							
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)							
(b)	Sen!	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)							
Name Cand	e of didate	[C,h,r,i,s,t,o,p,h,e,r,,E,d,w,a,r,d,s,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	didate / Affiliati	State N v							
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District						
Name									
Pari	ty Con	nmittee:							
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.						
Poli	tical A	action Committee (PAC):	4.00						
(e)	i, i	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected organization is a:						
		Corporation w/o Capital Stock	Labor Organization						
		Membership Organization Trade Asseciation	Cooperative						
		In addition, this committee is a Lobbyist/Registrant PAC.							
(f)	ked ked	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	egregated fund or party						
		In addition, this committee is a Lobbyist/Reglatrant PAC.							
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)							
Join	t Fund	draising Representative:							
(g)	= : : :	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political						
(h)	greens h	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political						
	Com	nmittees Participating in Joint Fundraiser							
	1.								
	1.								
	2.	FEC ID number C	eren eren eren eren eren eren eren eren						
	3.	FEC ID number C	ing and the second seco						
	4.		en e						
		And the state of t	i komen til om de det eteratione for telefe						

Write or Type Committee Na	ame								
Chris Edwards for Cong	jress								
6. Name of Any Connecte	ed Organization, Affiliated Committee, Joint I	Fundraising Representative	, or Leadership PAC Sponsor						
INONE									
			<del>'                                    </del>						
		<u> </u>	<del>                                     </del>						
Mailing Address		<u> </u>							
	CITY	STATE	ZIP CODE						
ma.c.p									
Relationship:	cted Organization Affiliated Committee	Joint Fundraising Represent	ative Leadership PAC Sponsor						
7. Custodian of Records:	Identify by some address (above symbol o	ntional) and position of the p	arran in passagion of committee						
books and records.	Identify by name, address (phone number o	puonal) and position of the p	erson in possession of committee						
la =									
Full Name	a <sub>n</sub> t, H <sub>e</sub> w <sub>i</sub> tt								
Mailing Address	3,2,1,8, V,e,1,V,e,t, R,C	ose Street							
	L <sub>j</sub> a <sub>j</sub> s <sub>i i</sub> V <sub>i</sub> e <sub>i</sub> g <sub>i</sub> a <sub>i</sub> s <sub>i i i i i</sub>	N V	8,9,1,3,5,-						
Title or Position	CITY	STATE	ZIP CODE						
C, u, s, t, o, d, i, a,	$n_{  } o_i f_{i} R_i e_i c_i o_i r_i d_i s$	Telephone number 7	0,2 - 5,1,8 - 1,4,6,7						
		Telephone number							
	Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).								
Full Name of Treasurer	f   f   a   n   y       W   a   d   d   e   l   l								
Mailing Address	P <sub>1</sub> O <sub>1</sub> B <sub>1</sub> O <sub>1</sub> x <sub>1</sub> 2,7,1,9, ;								
	$W_1a_1s_1h_1i_1n_1g_1t_1o_1n_1$	D <sub>C</sub>	2 0 0 1 3 - 2 7 1 9						
Title or Position	CITY	STATE	ZIP CODE						
T r e a s u r e	r, , , , , , , , , , , , , , , , , , ,	Telephone number 2	0,2-4,4,9-3,7,3,8						

CITY

STATE

ZIP CODE

## **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): PREPARER DATE PREPARED